South Dakota Mental Health Statistics Improvement Program (MHSIP)

Year 2004 Report
What Do Adult Consumers Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by consumers of services received from local community mental health centers in 1999. Random surveys were conducted of adult consumers who had serious and persistent mental illnesses. All eleven community mental health centers volunteered to participate in the initial project in 1999, and in all subsequent projects from Year 2001 on.

Survey Distribution and Returns

The Year 2004 sample was drawn from all consumers with at least one service for the past three months. All adult consumers are SPMI. For Year 2004 out of 975 surveys sent, 126 were returned as undeliverable because of a bad address, leaving 849 possible returns. Surveys were returned by 365 individuals, a return rate of 43%. Consumers were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Three hundred fifty-five (355) consumers did this, a return completion rate of 42%. Both the return rate and the return completion rate are outstanding.

For Year 2003 the number of completed surveys for each CMHC varied from 12 to 41 (see table, next page). The completion percentages varied from a low of 29% to a high of 51%. The CMHC associated with 3 surveys were not able to be identified. Only one CMHC, Three Rivers, had fewer than 15 returns. This was also the CMHC with the lowest adult consumer population and the highest return rate.

Number of Surveys Completed by CMHC for each Year

PROVIDERS	Grand Total	Years 1999-2002 (average)	Year 2003	Year 2004 (delivered)	Year 2004 Usable Returns	% Completed Usable Surveys 2004
Not Available	24	6.3	3	n.a.	1	
Behavior Management Systems	242	43.3	32	88	40	40.0%
Capital Area CS	179	32.0	23	80	30	28.8%
Community Counseling Services	235	39.3	41	77	38	51.3%
Dakota Counseling Institute	195	35.0	26	83	32	32.5%
East Central Mental Health	189	35.7	32	92	25	40.0%
Human Service Agency	213	37.7	36	67	32	45.0%
Lewis and Clark Behavioral Health Services	196	33.0	25	17	36	31.3%
Northeastern Mental Health Center	234	40.0	28	89	43	35.0%
Southeastern Behavioral HealthCare	250	44.3	41	87	38	51.3%
Southern Plains Behavioral Health Services	189	28.7	35	83	34	46.1%
Three Rivers Mental Health	37	4.3	12	86	6	40.0%
Totals	2183	1139	334	849	355	41.8%

Survey instruments were based on a national instrument being implemented in most states through the MHSIP Program. Consumers were asked to agree or disagree with 28 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute the domain of Appropriateness), the results of services (used to compute Outcomes), the consumer's ability to direct their own course of treatment (used to compute Treatment Participation, and whether they liked the service they got (used to compute General Satisfaction). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items.

An overall MSHIP score for each consumer was computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale is left blank.

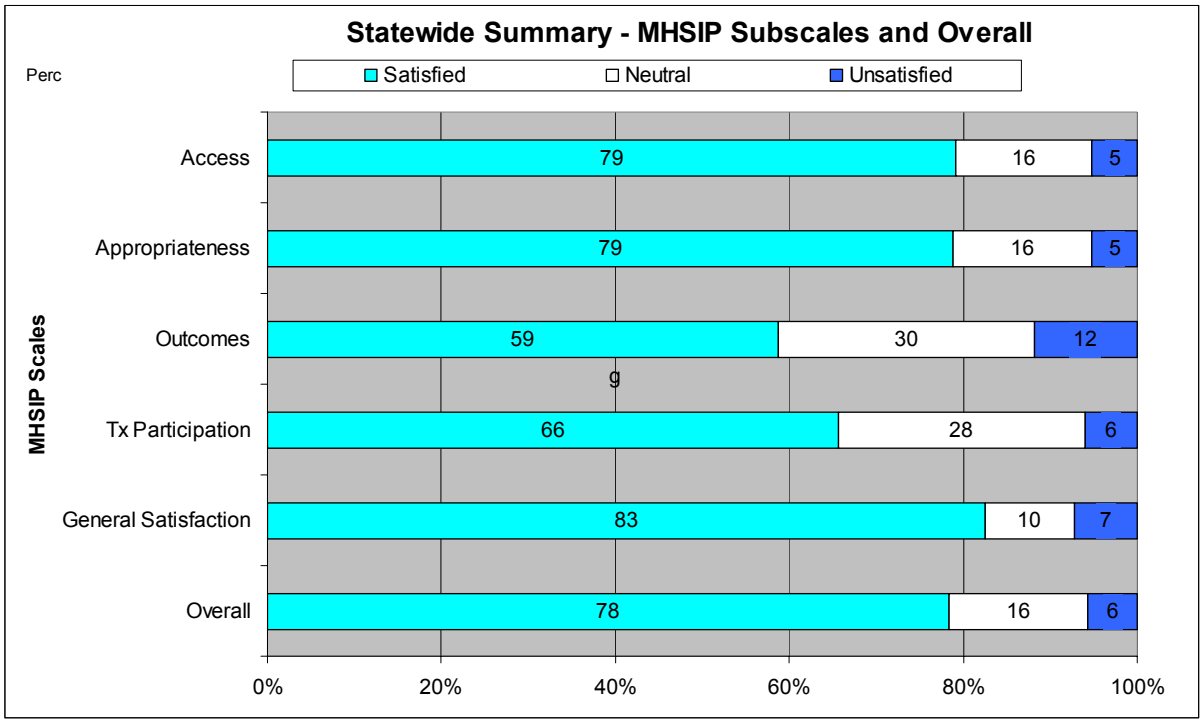
As just defined, scores can range from a low of 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score is less than 2.5 is defined as having been 'satisfied' with that domain. Scores between 2.5 to 3.5 are defined as 'neutral', and scores higher than 3.5 are considered unsatisfied with that domain.

This data will be analyzed and presented based on two different types of scores. The first type will look at whether a consumer has been classified as 'satisfied', 'neutral', or 'dissatisfied' on a particular domain or on the MHSIP overall. A second set of analyses will use the scores themselves as the measure. Note that the second measure compared to the first, because it is

closer to being a continuous measure (e.g., can take on more values) is more 'sensitive' to differences among groups.

Findings Statewide

The chart below presents the percentage of consumers whose evaluations indicate that they are satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall. An inspection of this chart indicates that consumers evaluated services very positively overall and in all five domains. There were an especially high percentage of consumers satisfied in the domains of Access and Appropriateness, as well as with General Satisfaction. Seventy-eight per cent of consumers indicated that there was satisfied on MHSIP Overall.



The average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included is the number (and percentage) of these 355 consumers for whom a score could be computed.

As shown in the table below the mean domain scores for this year compared to last year are quite similar except for the Outcomes domain. Outcomes changed in a less positive direction (from a mean of 2.28 to 2.39). This negative change is slightly more than one-tenth of a scale point. This difference is not statistically significant, however ($p = .11$), nor is the effect size notable (it is below small).

Significant differences were found on this domain, however, when a comparsion was made on the percentage of respondents who were Satisfied, Neutral, or Unsatisfied. Compared to the percentages for Year 2004 of 59%, 30% and 12% (see the chart above), the corresponding

percentages for Year 2003 were 61%, 34%, and 5% (p<.01). This represents an increase of 7% (5% to 12%) in the number of respondents who fell into the category of being 'unsatisfied'.

Domain	# (and %) of valid scores from 355 respondents	Mean Y2004	Mean Y2003	Standard Deviation Y2004
Access (based on 6 items)	346 (97%)	1.90	1.94	0.80
Appropriateness (based on 9 items)	330 (93%)	2.02	2.02	0.77
Outcomes (based on 8 items)	332 (94%)	2.39	2.28	0.92
Treatment Participation (2 items)	332 (94%)	2.08	2.10	0.88
General Satisfaction (3 items)	344 (97%)	1.86	1.88	0.96
MHSIP Overall (based on all 28 items)	333 (94%)	2.09	2.07	0.74

Outcomes is the domain most closely based on actual behavioral outcomes. Consumers consistently rate the domain least positively; they did so in this year's survey as well. Statistically this domain was significantly less positive than any of the other domains (p<.001). The effect size differences between Outcomes and the other MHSIP domains were in the moderate range. Thus this is a meaningful effect.

General Satisfaction is the domain least closely based on actual behavioral outcomes. As was the case last year this and the domain of Access were the most positively rated. These two domains are significantly more positive than the other three domains (p<=.001 in all cases). The domains of Appropriateness and Treatment Participation fall between these other two groups.

The effect sizes of these two domains compared to Appropriateness and Treatment Participation were less than small. Thus there are no 'meaningful' differences among these four MHSIP domains.

On a related but independent issue there is a high degree of consistency in the way consumers rate each of these five domains. This year correlations between pairs of domains fall between 0.56 and 0.77; this is similar to the magnitude of the correlations found last year and in previous years as well.

Additional "trend" analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the five administrations of the questionnaire. None were found for four of the domains; differences were found for the domain of Outcomes (p<.001). The results show that when the pilot year of the project is eliminated, there is a steady negative trend in consumer's ratings of the Outcomes domain (means of 2.17, 2.25, 2.28 and 2.39 for Years 2001 – 2004 respectively). This is a troubling development. Subsequent analyses will analyze this further to determine whether changes in the characteristics of the sample over these four years might account for this change.

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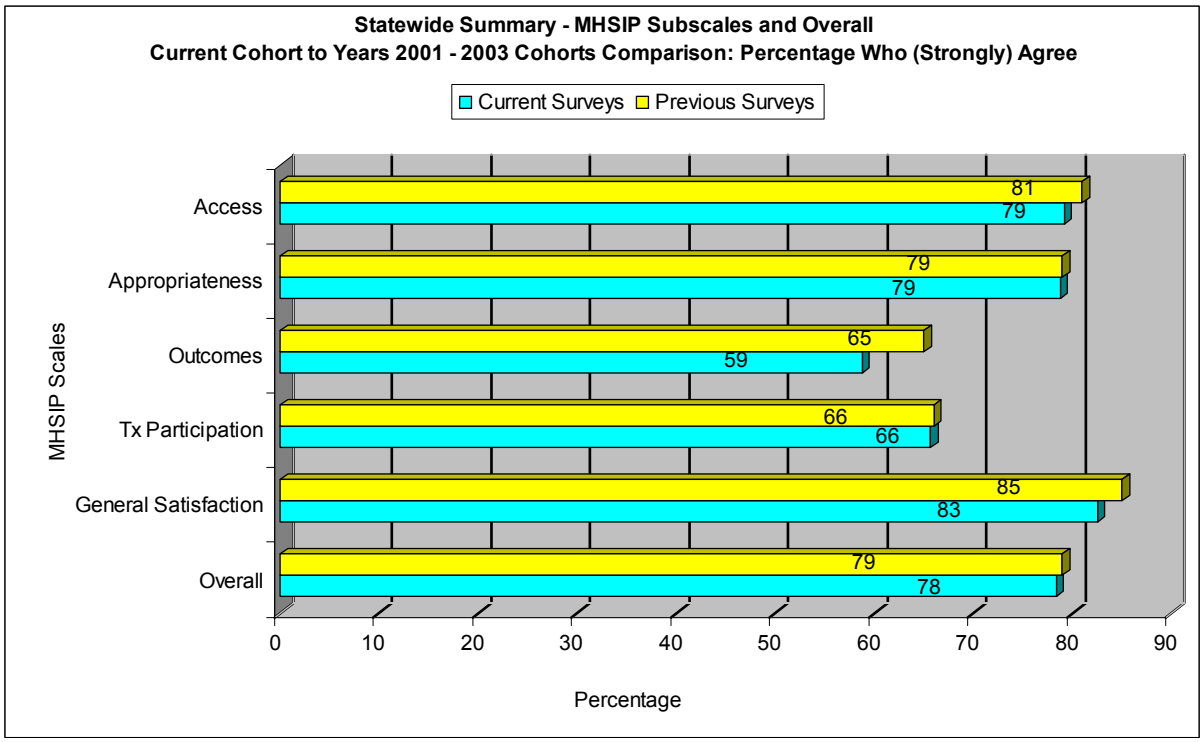
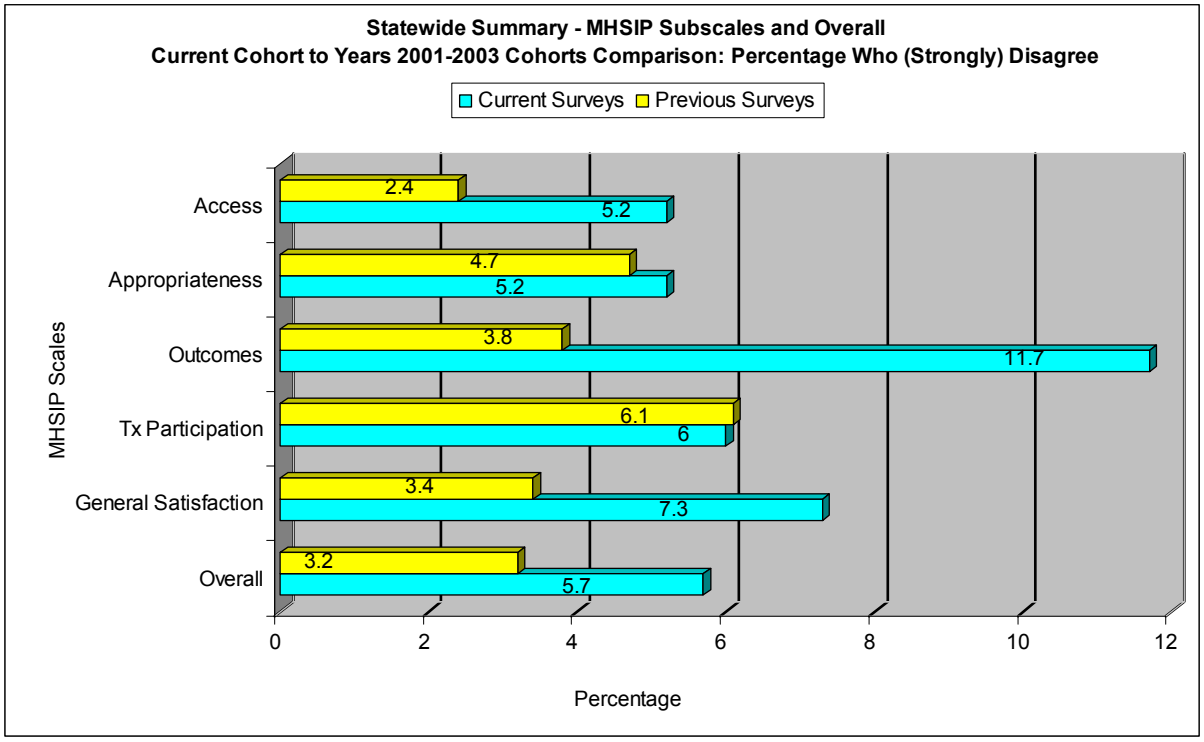
The two charts below both include and illustrate the comparison above. The first chart shows the statewide summary of each of the MHSIP subscale (domain) scores along with the MHSIP Overall on the percentage of consumers who are satisfied. It compares the responses to this survey to all previous surveys with the exception of the Pilot year (1999). As noted in the trend analyses above, these percentages are quite similar with the exception of the Outcomes domain.



A second chart, below, shows the statewide summary of MHSIP Overall and each of the MHSIP subscale (domain) scores for the percentage of consumers who are unsatisfied. In general these current consumers are more likely to be unsatisfied than consumers from the previous three years. This is especially notable for the Outcomes domain.

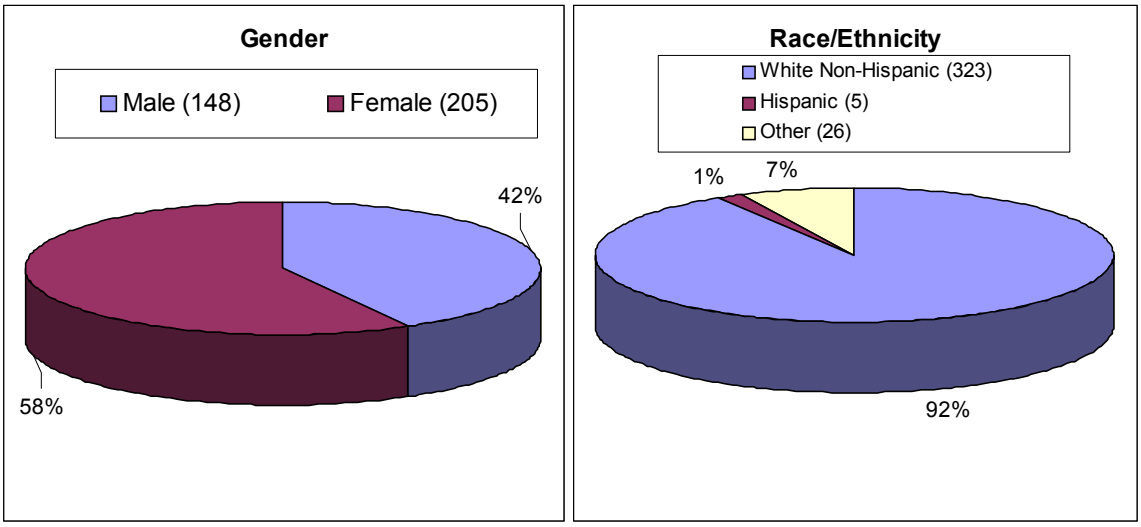


Below is a table that presents the breakdown of gender with race/ethnicity. The following two charts then present the percentage breakdown. The percentages in the two charts are similar to those from last year.

Count of Individuals Completing Items
for two or more MHSIP Domains

Race/Ethnicity	Male	Female	Unknown	Total	Percent of known
White Non-Hispanic	130	191	2	323	99%
Hispanic	5	0	0	5	100%
Other	12	14	0	26	100%
Unknown	1	0	0	1	100%
Total	148	205	2	355	99%

Gender and Race/Ethnicity of Respondents



% Individuals Completing Surveys (excludes unknown)

Health-related Quality of Life (HRQOL) Scale

Four items were added to last year's adult consumer questionnaire to assess a measure developed by the Center for Disease Control to track health-related quality of life (http://www.cdc.gov/hrqol). These items were included in the survey. The four items ask respondents to 1) rate their general health on a 5-point scale from 1 = 'excellent' to 5 = 'poor', 2) rate the number of days in the last month that their physical health was not good, 3) make the same rating for mental health, and 4) rate the number of days in the last month that poor physical or mental health kept the respondent from doing their usual activities. Including this measure in the MHSIP survey of a neighboring state, Wyoming, provided further information about respondent's general status and insight that allowed for a better interpretation of some of the MHSIP scale findings. It was hoped that including this measure in the S.D. Year 2003 survey would be equally informative. This turned out to not be the case last year. It remains to be seen whether this measure will prove informative this year.

The table below reports the number of unhealthy days in the past month from both the original CDC telephone survey for South Dakota and for the FY 2003 and FY 2004 Consumer Mail Surveys. These results appear to indicate that the South Dakota group rate themselves as less impaired than those in the CDC survey characterized as having emotional problems. It should be noted that the CDC sample of people with emotional problems was small. The method of administration was different in both surveys as well.

Since the year's compared to last year's sample rated themselves less positively, this trend was less pronounced this year than last. Thus a comparison of findings on the HRQOL for these two years shows a substantial increase in both physical and mental unhealthy days. These differences are marginally significant for physical unhealthy days ($p<.10$), and statistically significant for mental unhealthy days ($p<.05$). Even in the latter case, however, the effect size is below small, indicating that this is not a meaningful result.

	#	Unhealthy Days	
		Physical	Mental
CDC Telephone Survey			
Total	13,244	3.2	2.8
Cancer	44	8.2	12.6
Emotional problem	44	9.4	17.5
Consumer Mail Survey			
Respondents – FY 2003	329	6.8	9.7
Respondents – FY 2004	345	8.3	11.7

Correlations were carried out between the HRQOL and the MHSIP domains to assess the relationship between these two sets of ratings. While last year few significant relationships were found between the number of physical and of mental unhealthy days and MHSIP domain scores, the pattern of results was substantially different for the current year. Of particular interest is that the current results for South Dakota are virtually identical to those found for Wyoming. That is, the highest correlations of unhealthy days were found with the outcome domain ($r = 0.30$ and $r = 0.50$ for unhealthy physical and mental days respectively). This is further evidence for the validity of the ratings made by consumers in the MHSIP Outcomes domain.

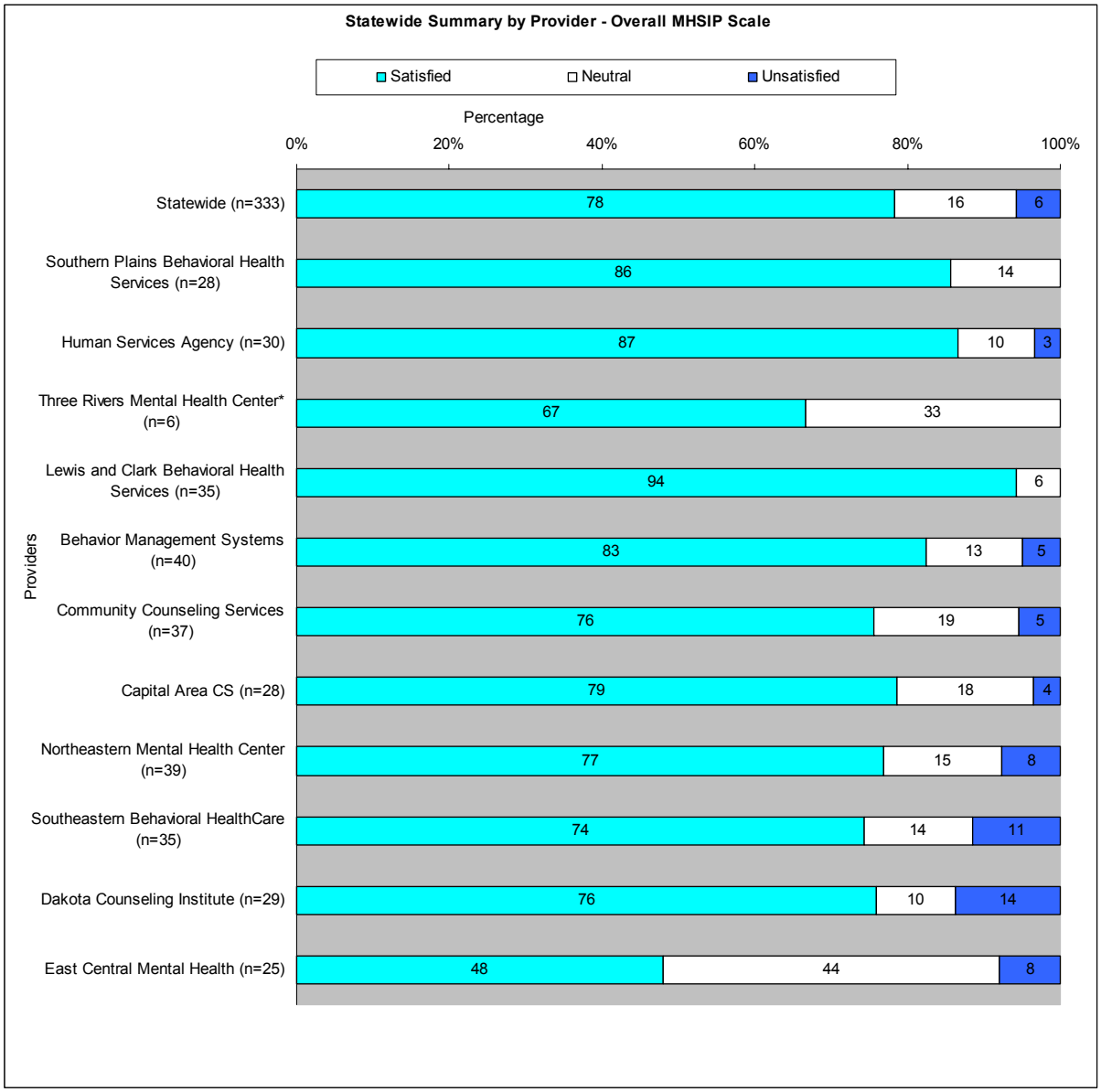
These findings also provides a piece of an explanation as to why Outcomes scores are less positive this year than last. That is, the correlation of 0.50 indicates that in general those who report a higher number of mental unhealthy days also show a tendency to have a less positive score on the Outcomes domain. Since Year 2004 consumers reported a great number of mental unhealthy days than do Year 2003 consumers, this could account for a small part of the change in the Outcomes domain.

Also of interest was whether respondents who are no longer receiving services compared to those who are reported somewhat fewer days in which mental health was a problem. While last year a difference was found, for Year 2004 there were no differences (means of 11.7 vs. 11.3 days respectively). There was a significant difference in the expected direction for days in which physical health was a problem, however. (means of 8.4 vs. 4.0 days respectively, $p<.05$).

Findings by CMHC

Consumer Evaluation of Services by Provider: The graphs that follow provide the percentage of consumers satisfied Overall and by MHSIP domain. Small differences in percentages between Centers are not meaningful. Many things may account for the differences among the Centers. These include differences in the nature of the Centers themselves, differences in the services they offer, and/or differences in the characteristics of their consumers.

Note that the CMHCs are arranged by their score on the entire set of MHSIP items (MHSIP Overall). It is to be expected that the CMHC(s) with the highest score(s) will not necessarily have the highest percentage of consumers who are satisfied. As mentioned in the Introduction, categorizing consumers as to whether they are Satisfied, Neutral, or Unsatisfied is a less sensitive measure than the actual score because it converts a scale that can very between 1.0 and 5.0 into a measure that has only three categories.



As already reported, seventy-eight percent of consumers evaluated services positively Statewide (were 'Satisfied'). This is within a percentage point of the percentages for the last two years.

The percentage of consumers who reported themselves "Satisfied" by each CMHC varied between a high of 94% to a low of 48%. Two CMHCs, Dakota Counseling Institute and Southeastern Behavioral HealthCare, had 10% of more of its consumers 'dissatisfied'. The

table below shows for each CMHC the means and number of respondents for the overall MHSIP summary score.

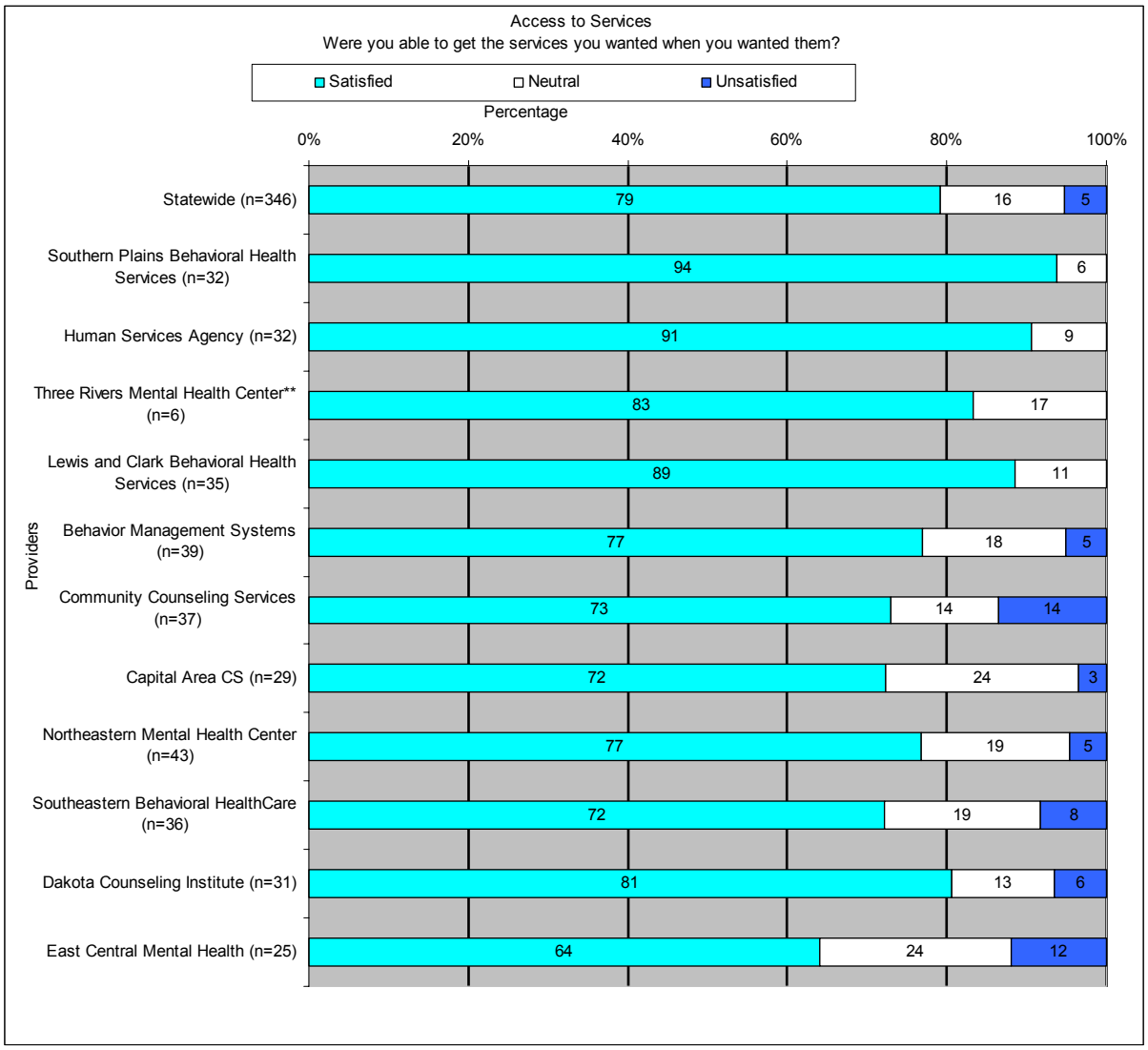
Southern Plains Behavioral Health	1.65 (28)	Capital Area CS	2.13 (28)
Human Service Agency	1.93 (30)	Northeastern Mental Health Center	2.16 (39)
Three Rivers Mental Health	1.95 (6)	Southeastern Behavioral HealthCare	2.19 (35)
Lewis and Clark Behavioral Health	2.00 (35)	Dakota Counseling Institute	2.35 (29)
Behavior Management Systems	2.07 (40)	East Central Mental Health	2.44 (25)
Community Counseling Services	2.08 (37)	Statewide Average	2.09 (333)

The means above do differ significantly among the eleven CMHCs; this is the case for consumers' evaluation for the MHSIP overall ($p<.05$) and for the domains of Access ($p<.001$), Outcomes ($p<.05$), and General Satisfaction ($p=.01$). Southern Plains Behavioral Health Services tends to be the top rated CMHC in most domains, reliably different from at least one other CMHC in the domains of Access and General Satisfaction. For Year 2004 East Central Mental Health had the least positive average on all but one domain, and for MHSIP overall.

Comparisons among CMHCs for all surveys to date: Results from the data gathered from all five surveys found highly statistically significant differences among all five MHSIP domains and MHSIP overall ($p<.001$ and beyond). Post hoc tests showed that the one consistent difference over all domains and MHSIP overall was that Southern Plains Behavioral Health Services received reliably more positive scores that at least one (Access) if not virtually all of the CMHCs (all other domains). Behavioral Management Services remains the only CMHC that received scores that were reliably less positive than other CMHCs. In the domain of Access it was reliably lower than two CMHCs. It remained as the only CMHC with the lowest or next to lowest average on all five domains and on the MHSIP overall.

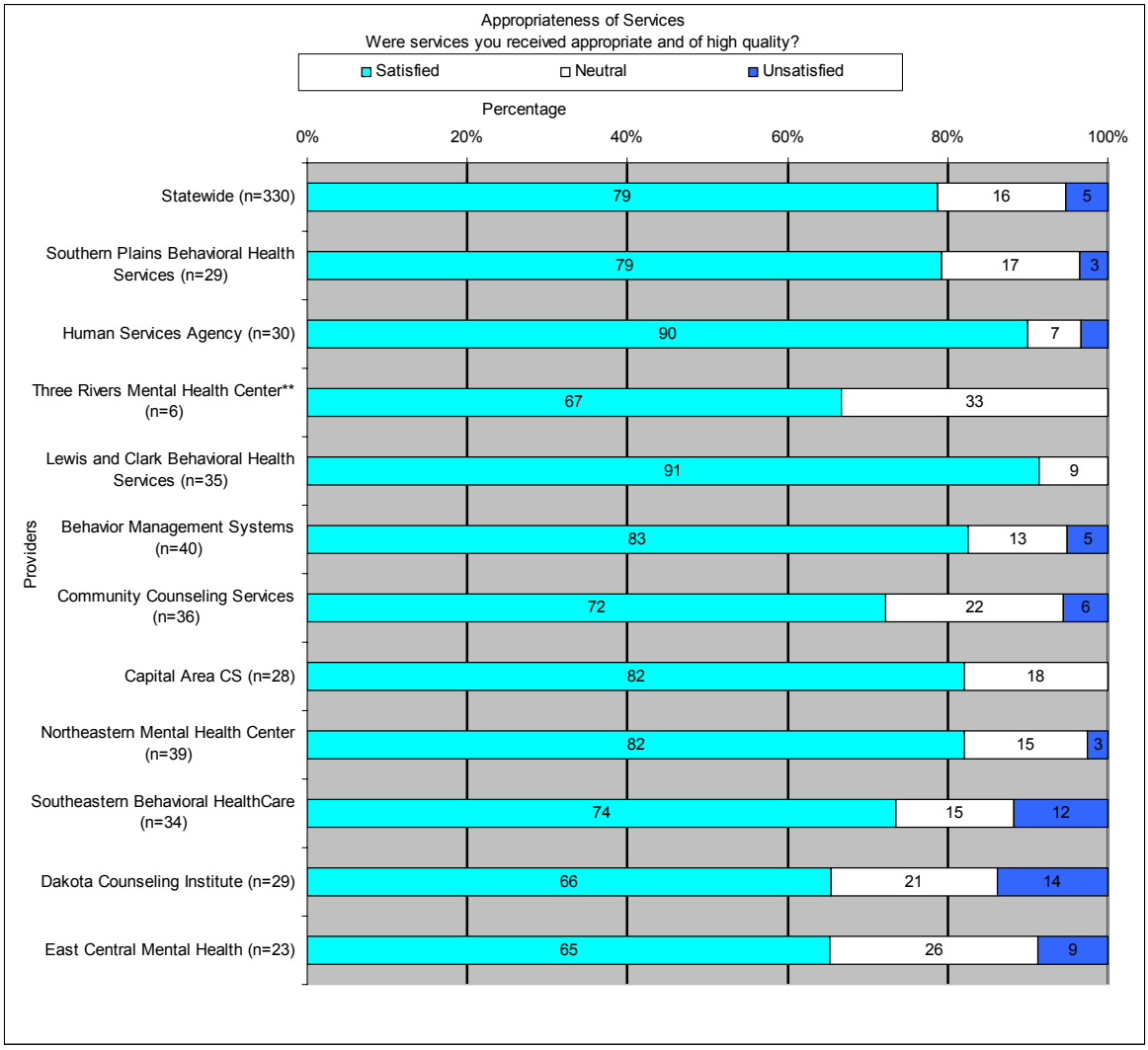
The challenge posed for several years now is for the CMHCs to discuss possible reasons that might account for the differences reported above, allow WICHE to validate them if possible, look for ways to improve services or maintain already outstanding services, and finally, to implement strategies to improve services when appropriate. While low scores are not to be construed as negative reflections on CMHCs, it would seem that at this point it could be very useful to compare and contrast the CMHCs that consistently do well with those that consistently do less well. The effort might best be initiated by conversations between S.D. and WICHE personnel.

The following pages present charts comparing the percentages of consumers who were satisfied, neutral, and unsatisfied for each of the eleven CMHCs on each of the MHSIP domains. An accompanying table presents the average score on each domain and the number responding for each CMHC.



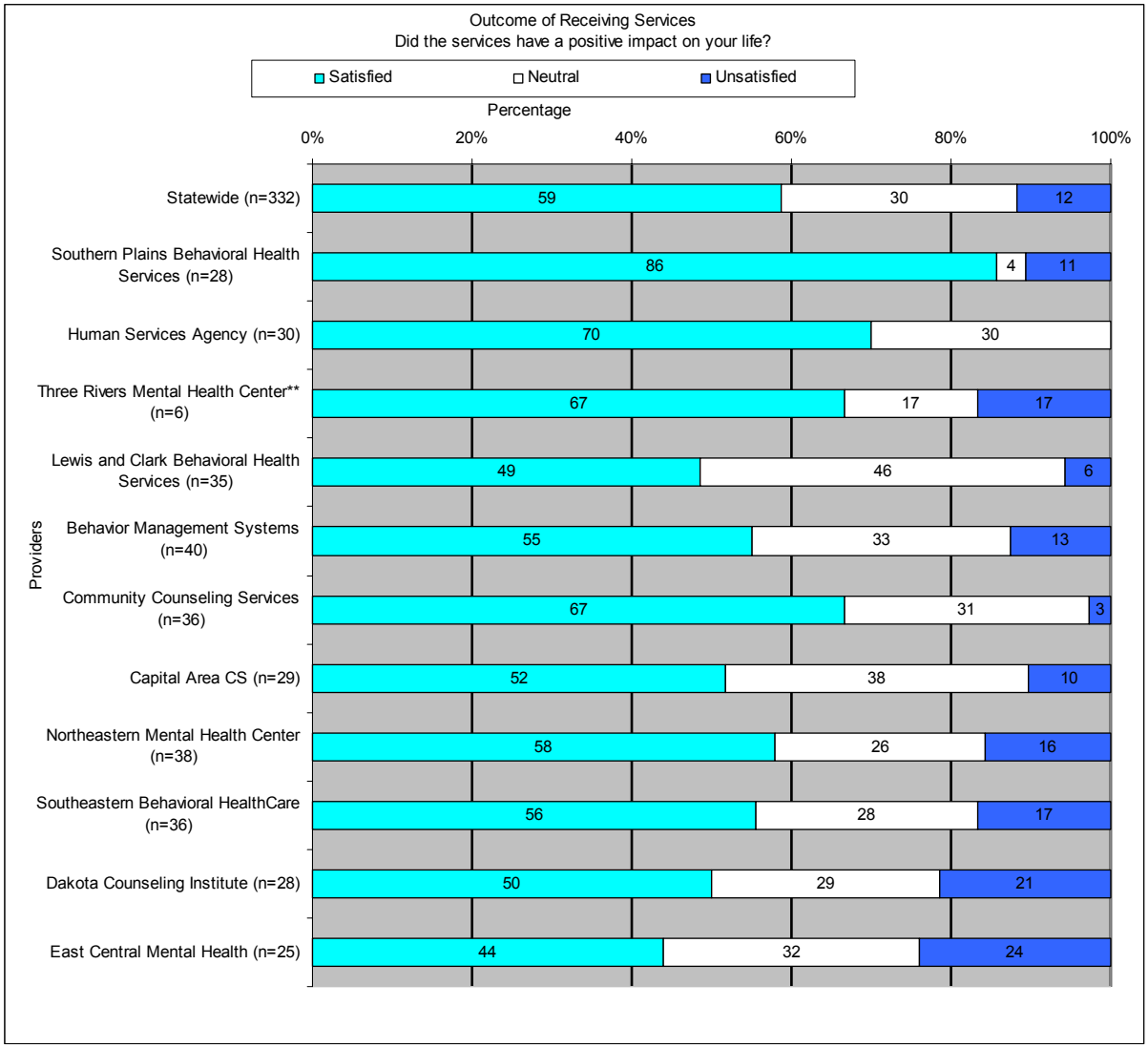
Statewide, 79% of consumers evaluated their access to services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Access). This is within one percentage point of the percentage of 80% for the last two years. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 94% to a low of 64%. This can be considered a positive finding. Two CMHCs, East Central MHC and Community Counseling Services, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding are presented below.

Southern Plains Behavioral Health	1.31 (32)	Capital Area CS	1.90 (29)
Human Service Agency	1.66 (32)	Northeastern Mental Health Center	2.05 (43)
Three Rivers Mental Health	1.68 (6)	Southeastern Behavioral HealthCare	2.06 (36)
Lewis and Clark Behavioral Health	1.75 (35)	Dakota Counseling Institute	1.99 (31)
Behavior Management Systems	1.99 (39)	East Central Mental Health	2.32 (25)
Community Counseling Services	2.00 (37)	Statewide Average	1.90 (346)



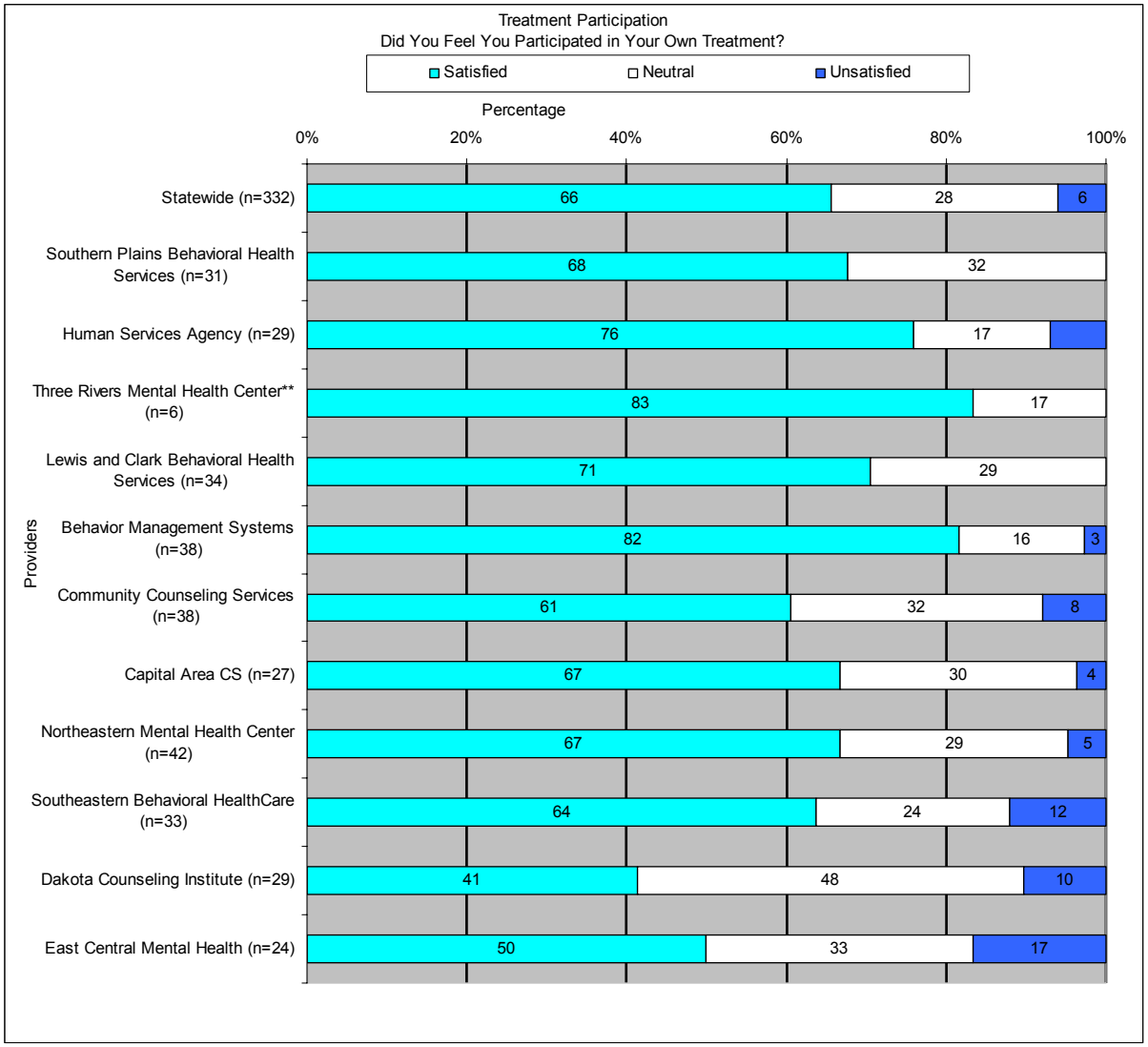
Statewide, 79% of consumers evaluated the quality/appropriateness of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Appropriateness). This is within one percentage point of the percentages for the last two years. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 91% to a low of 65%. . Two CMHCs, Dakota MHC and South Eastern HMC, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding are presented below.

Southern Plains Behavioral Health	1.71 (29)	Capital Area CS	1.96 (28)
Human Service Agency	1.93 (30)	Northeastern Mental Health Center	2.03 (39)
Three Rivers Mental Health	2.00 (6)	Southeastern Behavioral HealthCare	2.11 (34)
Lewis and Clark Behavioral Health	1.90 (35)	Dakota Counseling Institute	2.38 (29)
Behavior Management Systems	1.96 (40)	East Central Mental Health	2.26 (23)
Community Counseling Services	2.04 (36)	Statewide Average	2.02 (330)



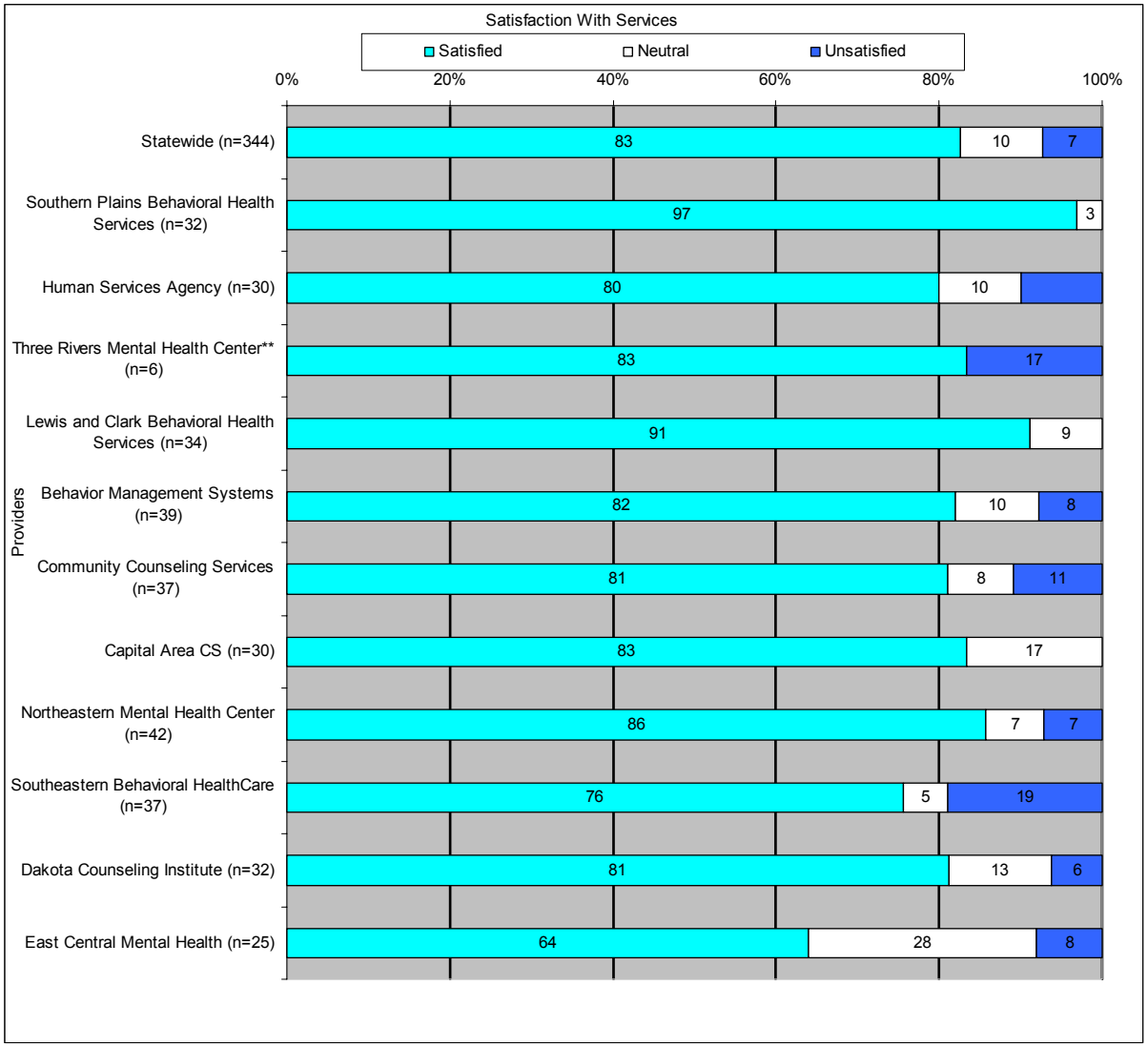
Statewide, 59% of consumers evaluated the outcomes of services positively (strongly agreed or agreed with the positive survey statements assessing the domain of Outcomes). This is slightly lower than the percentage last year of 61%, though the difference is not statistically significant. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 86% to a low of 44%. Eight CMHCs had 'unsatisfactory' ratings from more than 10% of their consumers; two of these, Dakota MHC and East Central MHC, received "unsatisfactory" ratings from more than 20% of their consumers. The average domain score for each CMHC along with the number of consumers responding are presented below.

Southern Plains Behavioral Health	2.00 (28)	Capital Area CS	2.56 (29)
Human Service Agency	2.08 (30)	Northeastern Mental Health Center	2.53 (38)
Three Rivers Mental Health	2.33 (6)	Southeastern Behavioral HealthCare	2.38 (36)
Lewis and Clark Behavioral Health	2.41 (35)	Dakota Counseling Institute	2.76 (28)
Behavior Management Systems	2.34 (40)	East Central Mental Health	2.76 (25)
Community Counseling Services	2.19 (36)	Statewide Average	2.39 (332)



Statewide, 66% of consumers evaluated their participation in treatment positively (strongly agreed or agreed with the positive survey statements assessing the domain of Treatment Participation). This is within one percentage point of the percentage satisfied in the last two year. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 82% to a low of 41%. Two CMHCs, East Central and South Eastern HMC, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding are presented below.

Southern Plains Behavioral Health	1.76 (31)	Capital Area CS	2.11 (27)
Human Service Agency	2.02 (29)	Northeastern Mental Health Center	2.08 (42)
Three Rivers Mental Health	1.5 (6)	Southeastern Behavioral HealthCare	2.2 (33)
Lewis and Clark Behavioral Health	1.94 (34)	Dakota Counseling Institute	2.33 (29)
Behavior Management Systems	1.93 (38)	East Central Mental Health	2.46 (24)
Community Counseling Services	2.25 (38)	Statewide Average	2.08 (332)



Statewide, 83% of consumers evaluated their satisfaction with services positively (strongly agreed or agreed with the positive survey statements assessing the domain of General Satisfaction). This is within one percentage point of the percentage satisfied in the last two year. The percentage of consumers who reported themselves "Satisfied" on this domain varied between a high of 97% to a low of 64%. Three CMHCs, South Eastern HMC, Community Counseling Services, and Three Rivers Mental Health, had 'unsatisfactory' ratings from more than 10% of its consumers. The average domain score for each CMHC along with the number of consumers responding are presented below.

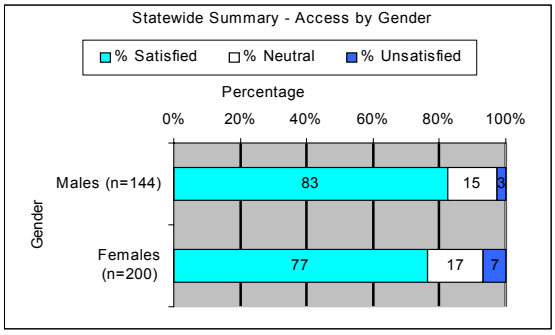
Southern Plains Behavioral Health	1.19 (32)	Capital Area CS	1.91 (30)
Human Service Agency	1.90 (30)	Northeastern Mental Health Center	2.01 (42)
Three Rivers Mental Health	1.61 (6)	Southeastern Behavioral HealthCare	1.99 (37)
Lewis and Clark Behavioral Health	1.68 (34)	Dakota Counseling Institute	1.86 (32)
Behavior Management Systems	1.89 (39)	East Central Mental Health	2.20 (25)
Community Counseling Services	1.97 (37)	Statewide Average	1.86 (344)

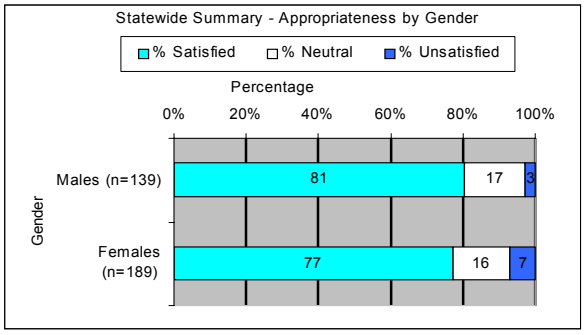
Demographics (Cultural Competence of Care)

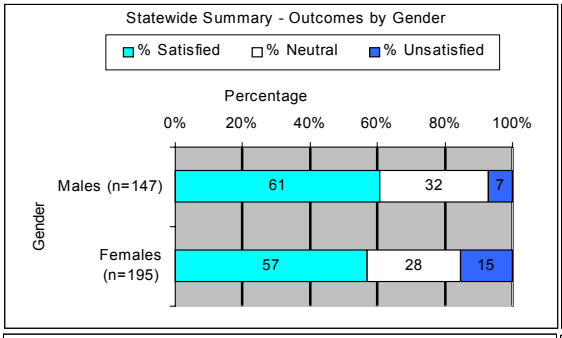
In the following section findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Age Groups (18 – 34+, 35 – 64+, 65 and above), Race/Ethnicity (white non-Hispanics compared to all others), whether Working for Money in the Community (those that are vs. those who are not), whether Still Receiving Services from the CMHC (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced).

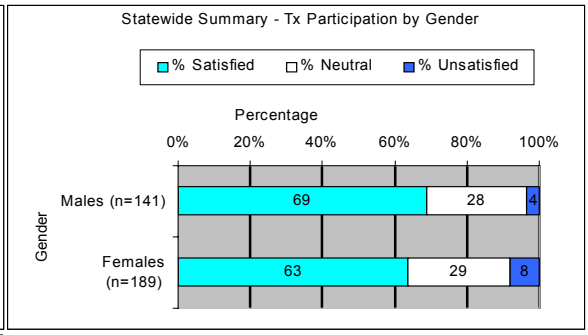
Evaluation of Services by Gender

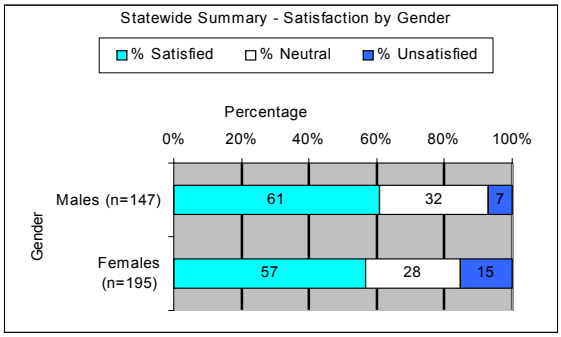
42% of respondents were male and 58% were female. This represents a 4% decrease in male respondents compared to Year 2003. It is virtually identical to the percentage for Year 2002. Two consumers did not identify their gender. The tables below show the percentage of males and females that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows that males compared to females tend to be somewhat more likely to be satisfied and somewhat less likely to be dissatisfied. The statistical analyses that follow will help determine whether this is a 'real' finding.

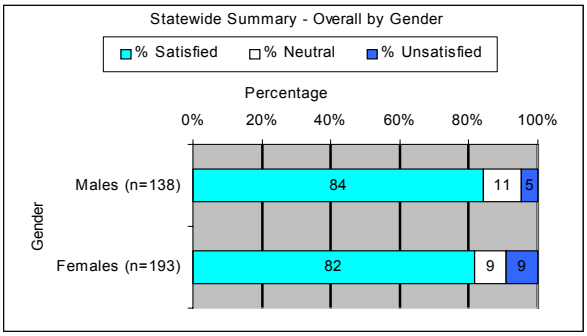












A set of analyses were carried out for Year 2004 consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.10$ in all cases). Similar results were found when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) in the graphs above. The one difference was found for the overall MHSIP Summary Score. Males compared to females were more likely to be Satisfied (83% vs. 75%) and less likely to report being Unsatisfied (1% vs. 9%). There was virtually no difference in the percentage that fell in the Neutral category.

An analogous set of analyses were carried out for all five cohorts. Last year, no differences were found in either set of analyses. This year, with an even larger set of data, there was a statistically significant difference for the domain of Access only ($p < .05$). On average males compared to females were more satisfied (means of 1.83 vs. 1.96 respectively). The effect size for this finding, however, was less than small, and thus can be ignored.

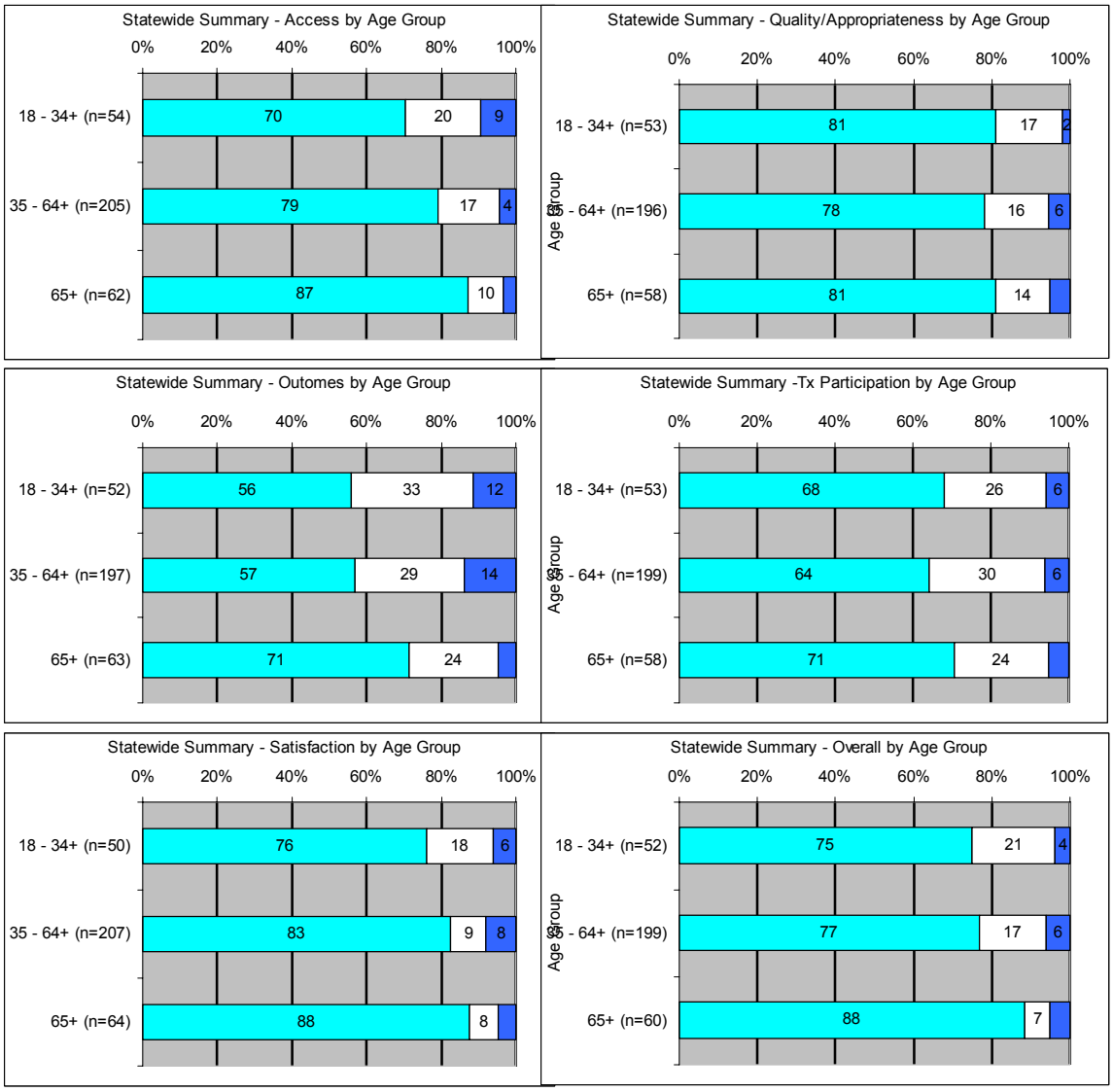
The findings when conducting the somewhat less sensitive chi square analysis of gender across the three categories (Satisfied, Neutral, and Unsatisfied) are as follows. There were no differences for the domain of Access ($p > .15$), despite the findings just described. There was a statistically significant different for the domain of Outcomes ($p < .05$). Males compared to females were slightly more likely to be Satisfied (64% vs. 61%) and less likely to report being Unsatisfied (5.7% vs. 9.2%). There was virtually no difference in the percentage that fell in the Neutral category. This result is worth keeping in mind if only because of the domain in which it occurs.

Finally, paralleling the difference reported above for the current cohort, a statistically significant difference was found for the overall MHSIP Summary Score. Males compared to females were more likely to be Satisfied (81% vs. 77%) and less likely to report being Unsatisfied (2.1% vs. 4.2%), though the differences were not as large as those found for the current cohort. There was virtually no difference in the percentage that fell in the Neutral category. The effect size for this finding, however, was less than small.

Evaluation of Services by Age Group

Of those responding, 17% of respondents were in the youngest age group 18-34); 63% were in the middle age group (35 – 64); and, 20% were in the oldest age group (65+). Twenty-five respondents (7% of the total) did not give information about their age. Compared to the sample from previous years this sample has a somewhat smaller percentage of consumers aged 35 through 64 and a somewhat higher percentage of consumers in the oldest age group.

The tables that follow show the percentage of males and females that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows that older compared to younger consumers tend to be somewhat more likely to be satisfied and somewhat less likely to be neutral. The statistical analyses that follow will help determine whether this is a 'real' finding.



A set of analyses were carried out for Year 2004 consumers comparing differences among age groups for the five MHSIP domains and MHSIP overall; consumers' scale scores were used in these analyses. Unlike last year, where statistically significant differences were found for both Access and General Satisfaction as well as the overall MHSIP Summary Score, there were no statistically reliable differences among these three groups. An identical lack of results were found when conducting a somewhat less sensitive chi square analysis using age group with the three categories of Satisfied, Neutral, and Unsatisfied shown in the graphs above.

Differences were found, however, when the entire data set was used. A comparison of the scale scores for each of the three age groups showed that age group differences were found for all domains except Appropriateness and Treatment Participation, and for the overall MHSIP Summary score as well (p=.001 or beyond in all cases). Post hoc analysis showed consistent differences among all three age groups. That is, as the age group moved for younger to older there was a steady increase in average level of satisfaction. The effect size for this finding is small.

The chi square analysis also found statistically significant differences with all five domains plus the MHSIP Summary Score (p=.001 or beyond). In all cases the percent of consumers who feel in the 'satisfied' category increased with increasing age, and the percent of consumers who feel in the 'unsatisfied' category decreased with increasing age. The percent of consumers who fell in the 'neutral' category' tended to decrease with increasing age but there were inconsistencies.

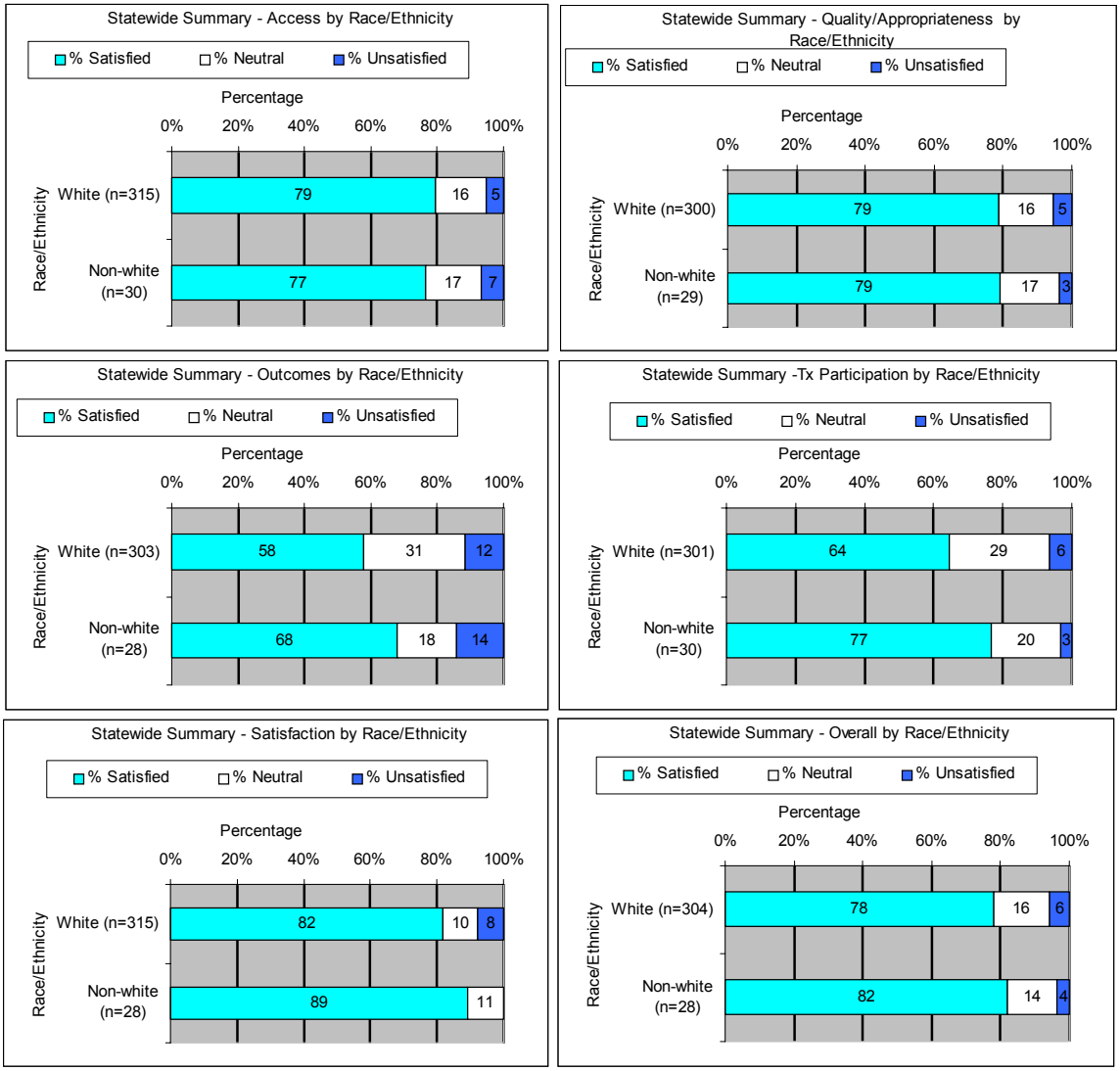
Thus it appears quite reasonable to conclude that older compared to younger consumers are more positive in their consumer satisfaction scores. Whether this represents a meaningful difference in services received or represents differences in expectations and attitudes among these three cohorts is unclear.

Since older consumers tend to rate their services more positively it is possible that age differences in the yearly cohorts could in part account for the steady decrease in satisfaction in the Outcomes domain. This would require that the average age of the consumers who are responding to the survey are decreasing (e.g., getting younger). An analysis of the average age of consumers shows exactly the opposite trend, however. In fact there has been a steady increase each year of this survey in the percentage of consumer respondents age 65 or older. Based on this one would expect scores on the MHSIP domains to be slowly improving rather than worsening, however. Thus this negative trend on Outcome scores may be somewhat larger than the data indicates.

Evaluation of Services by Race/Ethnicity

As was the case last year, of those responding 91% of respondents were White non-Hispanic while 9% were non-white. Only one respondent did not provide this information.

The tables that follow show the percentage of white non-Hispanic and non-white consumers that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows a tendency for non-whites to be more satisfied. The statistical analyses that follow will help determine whether this is a 'real' finding.



A set of analyses were carried out for Year 2004 consumers comparing differences among the five MHSIP domains and MHSIP overall as a function of race/ethnicity; consumers' scale scores were used in these analyses. In contrast to last year, non-white respondents were more positive than non-whites. None of these differences approached statistical significance ($p>.14$ in all cases). Chi square analyses showed similar results.

A similar set of analyses were conducted using the entire data set. There is no evidence that differences exist between whites and non-whites ($p > .20$ in all cases). Results from the chi square analysis were identical to the findings just reported.

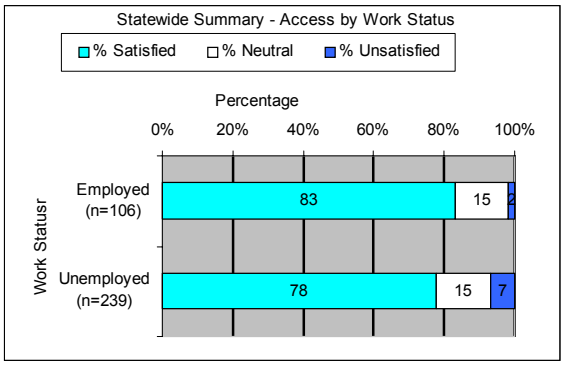
Evaluation of Services by whether Working for Money in the Community

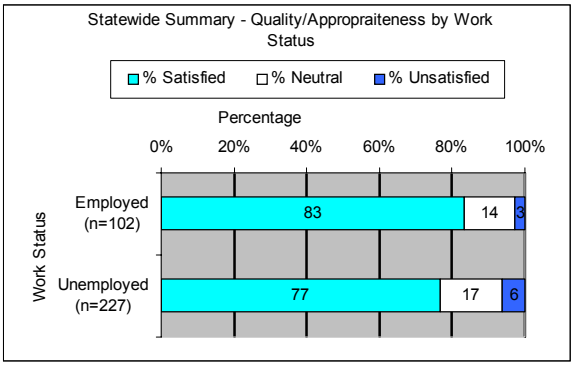
Of those responding, 30% of respondents reported that they were working for money in the community; 70% reported that they were not. Only one respondent did not provide this information.

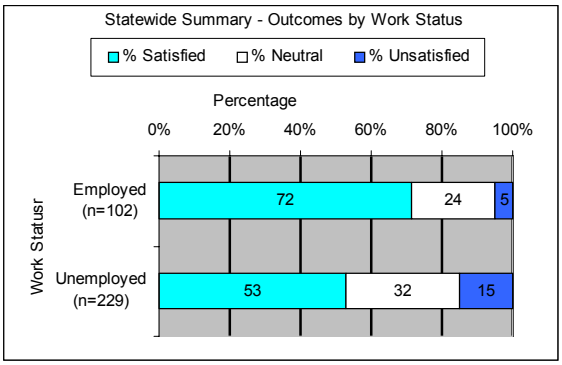
Compared to the last two years this is an increase of 5% in the number of consumers reporting that they are working, though it is still not quite as high as the percentages reported in the two

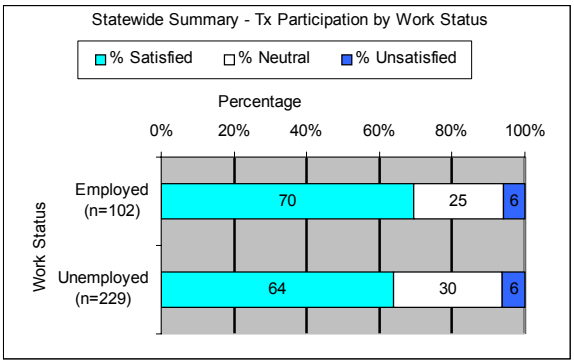
earliest cohorts. The best generalization appears to be that between 25% to 35% of consumer respondents report that they are working for money.

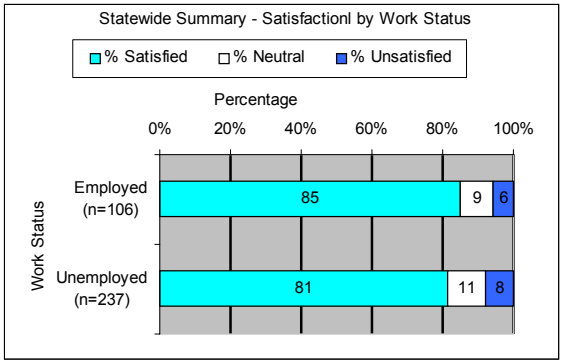
The tables below show the percentage of employed vs. unemployed consumers that are satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows those working compared to those not working appear more likely to be satisfied and less likely to be unsatisfied. The statistical analyses that follow will help determine whether this is a 'real' finding.

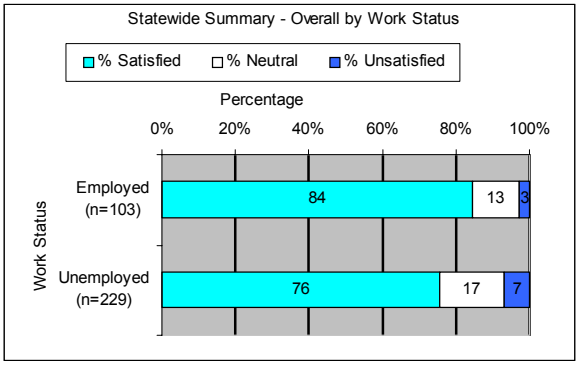












For the current set of data those working were more positive in their evaluations than those not working. Statistically significant differences were found in the domains of Access, Appropriateness, Outcomes, and MHSIP Overall ($p < .05$ or better in all cases). An analysis of the effect sizes associated with these findings showed that they were in the low to moderate range. The largest effect size (e.s. = .51, moderate) was associated with the domain of Outcomes; thus this finding in particular is quite meaningful. Analyses based on chi square were statistically significant for the domain of Outcomes only. Those working compared to

those not working were more likely to be satisfied and less likely to be neutral or unsatisfied with their CMHC in this domain.

Analyses using the much larger set of data from all five surveys showed differences for the domain of Access, Appropriateness, Outcomes, and for MHSIP Overall. The effect size associated with these findings was small for Outcomes and MHSIP Overall, and less than "small" for the remaining domains. Analyses based on chi square were statistically significant for the domain of Outcomes ($p<.01$), and not significant for the remaining analyses.

It should be noted that the domain of Outcomes included an indicator that asks consumers to rate the extent to which their CMHC has helped them "… do better in school and/or work." The issue is whether this item is confounded with work status. One could make an argument, however, that a) the question asks about both school and work, b) the question asks the extent to which the CMHC is helpful rather than about issues related to job satisfaction, and c) it's appropriate to include this item if a CMHC has been helpful in helping a consumer obtain a job or improve consumer skills to make it more likely they will obtain a job in the future.

An analogous set of analyses were carried out with this item eliminated from the scale assessing the Outcomes domain. Similar differences were found. Differences between these two groups on this single item are, not surprisingly, substantially larger.

Evaluation of Services by whether Still Receiving Services from their CMHC

Of those responding, 327 (94%) of respondents reported that they were still receiving services from their CMHC, while 22 (6%) reported that they were not. This is lower percentage of those no longer receiving services than was the case for the last two years. Only six respondents, less than 2% of the overall sample, did not provide this information.

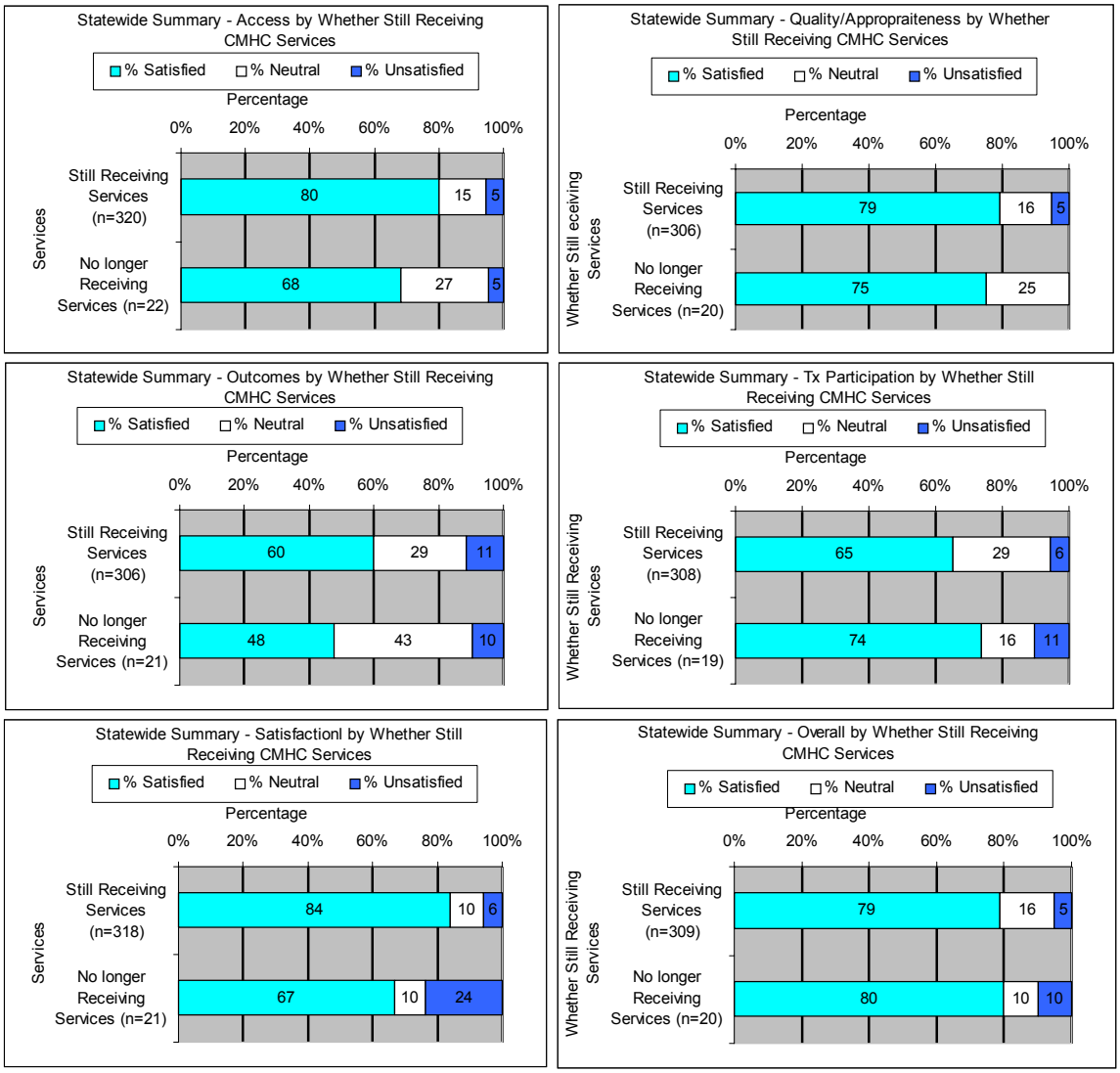
As can be seen from a visual analysis of the six charts that follow with some exceptions those still receiving services are generally more likely to rate themselves as being 'satisfied' in each domain and Overall and less likely to rate themselves neutral or 'unsatisfied.' This visual analysis is consistent with findings from previous cohorts. The statistical analyses that follow will help determine whether this is a 'real' finding. Results for Year 2004 are unlikely to be statistically significant, however, because of the relatively small number of consumers who indicated they were receiving services.

For the current set of data statistically significant differences were found for the domain of General Satisfaction only (means of 1.80 vs. 2.44 respectively, $p < .01$). Analyses based on chi square found corresponding results.

Not surprisingly analyses using the much larger set of data from all five surveys showed highly significant differences for all the domains ($p<.001$). The effect sizes associated with these findings ranged from small to moderate. As might be expected, the domain of Satisfaction showed the largest overall effect (means of 1.75 vs. 2.75 respectively, a difference of one full scale point). Analyses based on chi square found corresponding results.

It may not be surprising that those who reported they were no longer receiving services were less likely to rate these domains "satisfactory" as are consumers who are still receiving

services. After all, one reason these consumers may no longer be receiving services is that they were 'unsatisfied' with the services they were receiving. What may be somewhat more surprising is that the domain with the smallest average difference between the two groups was Outcomes (one-quarter of a scale point in Year 2003, one-half a scale point for all years); it had the smallest effect size (small) as well. And, as noted above the domain with the largest average difference and the largest effect size was General Satisfaction.



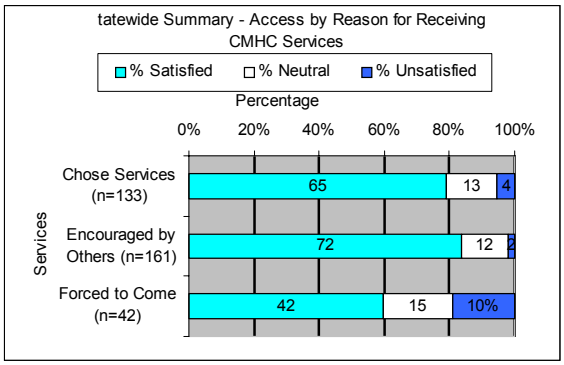
This pattern of results could be interpreted to mean that a consumer's general feeling or attitude towards a CMHC is more important in continuing services than whether the consumer is achieving desired outcomes. Of course it is still important to remember that the overwhelming percentage of consumers who respond are still receiving services.

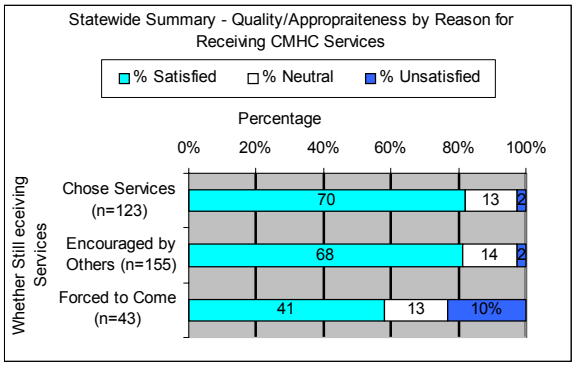
As just reported, for Year 2004 the percentage of respondents who are still receiving services compared to who are not differ on the Outcomes domain by one-quarter of a scale point. Thus this could provide another explanation of why Outcome scores are trending more negative. As was the case with the analysis done on the age of respondents, however, having a lower percentage of respondents no longer receiving services for this year compared to previous years should lead to 'higher' rather than 'lower' scores in the Outcomes domain.

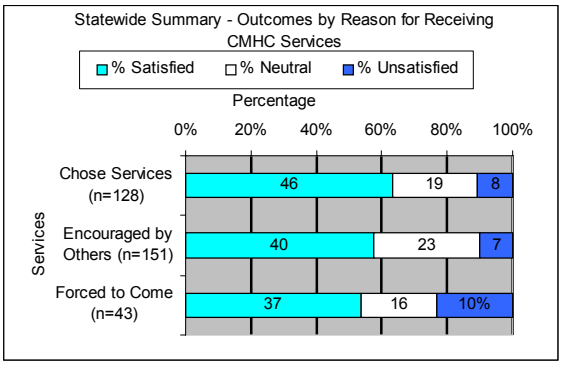
Evaluation of Services by whether their Decision to Receive Services was Voluntary or Not Voluntary

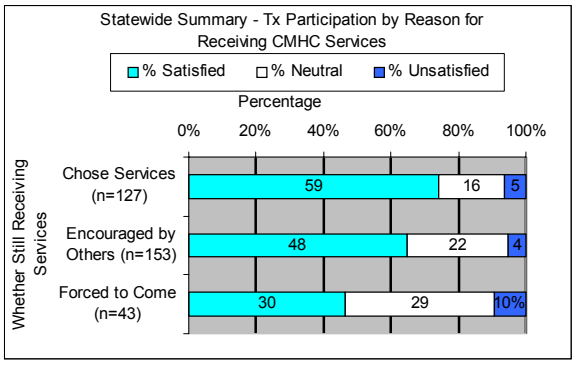
For Year 2004 a question was added to the MHSIP survey asking consumers to indicate why they made the decision to start receiving services from their CMHC. Of those responding, 135 (39%) of respondents reported that they chose to receive services, 165 (48%) reported that they were encouraged by others, while 44 (136%) reported that they were forced to receive services. Twenty-two respondents (six percent of the sample) did not respond to this question.

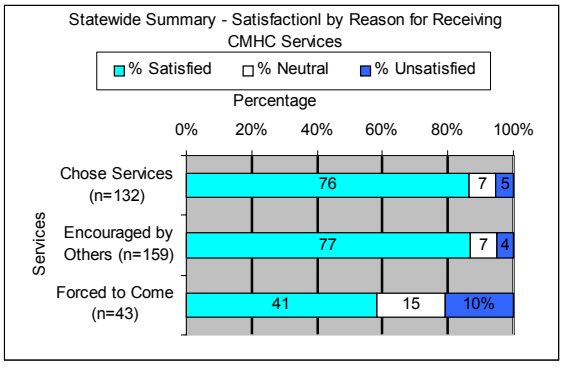
The tables below show the percentage of consumer respondents who chose to receive services, were encouraged to receive services, or were forced to receive services that were satisfied, neutral, or unsatisfied for each of the five MHSIP domains and for the MHSIP summary score. A visual inspection of these charts shows those in the first two categories have very similar percentages, especially compared to the third category. These two groups are much more likely to be satisfied, and less likely to be neutral or unsatisfied, compared to those who reported that they were 'forced' to come. The statistical analyses that follow will help determine whether this is a 'real' finding.

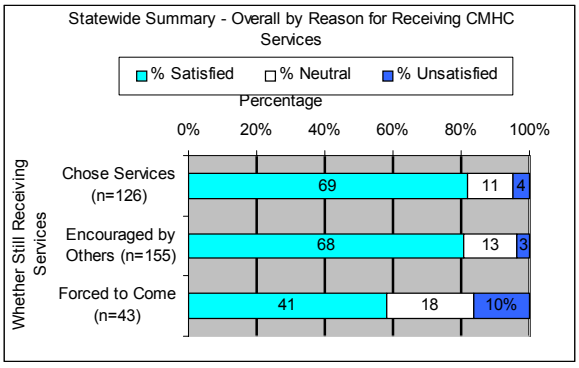












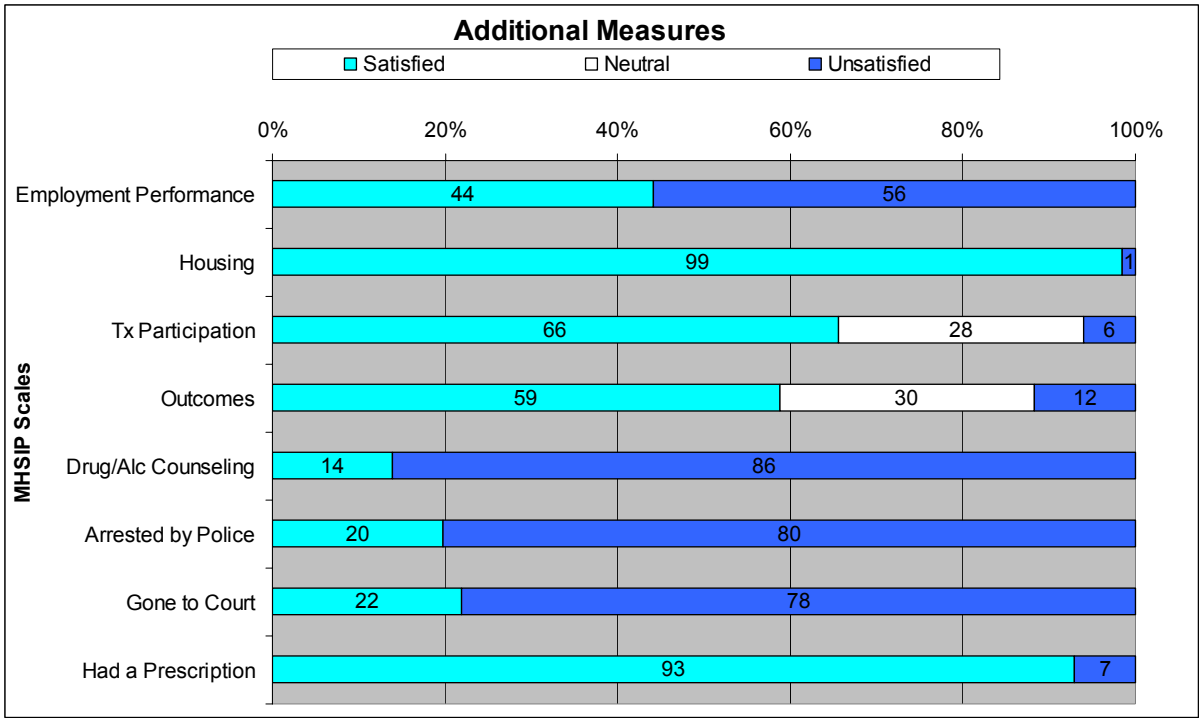
For the current set of data statistically significant differences were found for all five MHSIP domains and MHSIP overall ($p<.05$ and beyond). In all cases post hoc tests showed that there were no significant differences between those who "chose services" compared to those who were "encouraged by others." In all cases the same analysis showed that these two groups were significantly more positive than those who reported that "they were forced to come". The effect size for these findings was at least moderate in all cases. Analyses based on chi square found very similar results.

This is the first year that this question was included in the questionnaire. Thus an analysis can be done on Year 2004 data only.

Additional Measures:

The chart below displays the results from a number of additional measures included in the survey. Employment performance indicated that 44% of respondents are 'employed' by the criteria supplied (working for money in the community, doing volunteer activity, or working in the CMHC); 56% are not so employed. 99% of respondents indicate that they live in (relatively) independent housing, 1% do not. This is an "improvement" of about 8% from last year's sample.

Sixty-five per cent of respondents are satisfied with their participation in their treatment decisions. A somewhat smaller percentage of respondents (59%) agree that they are satisfied with the outcomes received from their involvement with their CMHC.



Fourteen per cent of respondents are in drug or alcohol counseling or both, 86% report that they are not; this represents an improvement of 5% compared to last year. Twenty per cent of

respondents reported that they have been arrested by the police, eighty per cent have not. Twenty-two per cent of respondents reported that they had gone to court for something they did, while seventy-eight per cent have not; these last two percentages are identical to those from last year. And, ninety-three per cent reported that have had a prescription for a mental or emotional problem while seven per cent had not.

Discussion/Implications

Historically, CMHCs have shown that they value input from consumers and family members by conducting surveys requesting an evaluation of services. This is the fourth year in which a complete MHSIP consumer survey of adult consumers was done. Specifically, there was a Statewide random sample of adult consumers; all adult consumers who are SPMI and had received at least one service within the last three months was included in the sample.

The completion rate for this sample of adult consumers was over 40%, an outstanding result. This testifies in part to the interest and willingness of adult consumers to provide important feedback to South Dakota's Division of Mental Health.

Statewide evaluation of services was very positive overall and particularly for the domains of Access, Quality/Appropriateness, and General Satisfaction as well as the overall MHSIP Summary score. Seventy-eight percent of respondents rated themselves as satisfied with the services they received. The domains of Treatment Participation and Outcomes, while still positive, were less positive than other domains. Finding differences between domains speaks to the strength of the MHSIP instrument and the ability of consumers to evaluate domains separately.

Results for Year 2004 were similar to Year 2003 results. It has been noted this year that consumers' satisfaction with the domain of Outcomes has been trending less positively. Since this is the best indicator of the effectiveness of CMHC services this trend is troubling. There does not appear to be a ready explanation based on consumer characteristics, however. Two consumer respondent characteristics that were explored, age and current CMHC service status, had both changed in a direction that should generate more positive rather than less positive scores. A third indicator, mentally unhealthy days, may provide part of an explanation but needs at least one more year of data in order to assess the extent to which it can account for this finding.

With regard to demographic variables, the percentage by gender, race/ethnicity, and age group are reasonably similar this year to last. There was no meaningful difference as a function of gender. Male compared to female consumers had about the same satisfaction rate for the five MHSIP domains.

A similar lack of results was found for the demographic variable of race/ethnicity. White non-Hispanic consumers compared to non-White consumers had very similar rates of satisfaction for the MHSIP domains.

In contrast to the above two demographic variables there was a consistent trend for age. That is, the older the consumer's age group the more positive the ratings. To put it another way younger consumers were the group least like to fall within the 'satisfied' range. This relationship help for all MHSIP domains as well as the MHSIP Summary score when using data from all Statewide surveys. Differences were much more limited when using data from the current survey, however. Whether these differences represents actual difference in

services received or represent differences in expectations and attitudes among these three cohorts is not possible to determine. While last year a visual analysis of the tables led to a conclusion that differences among age groups may be decreasing, the visual analysis of this year's findings are again more consistent.

The inclusion of the CDC's 4-item HRQOL (Health Related Quality of Life Scale) scale now appears to have been a useful addition to the survey. This scale provides information on client functioning that supplements the MHSIP questionnaire. This year these scores also related significantly to the MHSIP domains, especially the domain of Outcomes. It is expected that this added information will provide a useful picture of some important dimensions of adult consumer's lives.

Consumers who reported they were no longer receiving services (6% of the current sample) compared to those who were still receiving services (94% of the current sample) rated services less positively. While at first glance this seems like an obvious finding it may still be worth identifying such individuals, when possible, and attempting to find goals that both the consumer and staff can agree on.

For Year 2004 individuals who reported that they were working for money in their community, compared to those who were not, were substantially more positive on all but two of the MHSIP domains. Similar results were obtains when all five years of data are included. With the exception of the domain of Outcomes the effect size for these findings is small enough that they are not very meaningful clinically. This year 30% of these SPMI consumers report that they are working for money; this is an increase of 5% from the previous year. It is still worth noting that 40% of SPMI adult consumers from a neighboring state report that they are working in the community.

In Year 2004 a question was added to the survey that asked respondents to indicate what led them to start receiving services. There were no differences between respondents who reported that they chose to receive services compared to those who said that such services were recommended by others. Those who reported that they were "forced to come" compared to the other two groups, however, were substantially less positive on all of the MHSIP domains.

There were again statistically significant differences among CMHCs for the current survey. Reliable differences were also found when data from all years of the survey are combined. There is evidence that one CMHC is rated more positively while another is rated more negatively than the other nine CMHCs. It may be worth doing a more detailed analysis to determine a) whether these are 'real' differences and more important b) whether there are lessons that can be gleaned to improve mental health services for adult consumers Statewide.

The challenge continues for CMHCs to discuss findings, validate them, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. CMHCs are to be commended for participating in the development of these performance indicators and low scores are not to be construed as negative reflections on CMHCs. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services based on this evaluation.